Where is Palliative Care in Crisis Standards of Care?

A Survey of State Planning

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Disclaimer

- The authors have no financial interests that conflict with this presentation and research.
- Both JA and CTK are members of the volunteer Colorado Healthcare Ethics Resource (CHER) group, which has advised the state on updates of the state Colorado Crisis Standards of Care and participated in writing:
  - Colorado Contingent and Crisis Standards of Care – Palliative Care and Hospice Services (available on CDPHE website)
  - Colorado Palliative Care Infrastructure Needs: COVID 19 – consolidated CDPHE document
- CDK is a Junior at University of Montana – Missoula and Professional Research Assistant with Hospice Analytics.

Background I

- Public health entities (federally and state-based) plan and update for disasters in which “staff,” “stuff,” or “space” resources may become critically scarce and allocation decisions are required.
- Public health principles: Duty to care for population, fair allocation……
- Early COVID-19 pandemic, when resource shortages critical:
  - *save the most lives, keep community safe.*
- Gaps in Hospice and Palliative Care exposed and exacerbated more slowly.
- Contrasting goals: understanding patient wishes, reducing suffering across the spectrum of care, supporting grieving and bereavement.

Background II:

- 2012 Institutes of Medicine report:

  “Provision of palliative care in the context of a disaster with scarce resources can be considered a moral imperative of a humane society.”

- 2020 World Health Organization:

  *Palliative care is an **“essential service”** in the current COVID-19 pandemic.*

Objectives

- 1) To quantify the number of states that include recognition of PC/H needs and planning in their Crisis Standards of Care (CSC).
- 2) To assess state CSC planning documents for palliative and hospice service needs to meet potential surges in demand.

Methods I

- Internet search for electronically available state-based CSCs
- Search for terms “hospice” and ”palliative” within each document
- Cumulative updating of documents over past year
- Differences in discoveries and ranking resolved by discussion among authors.

Methods II

- Date of latest CSC revisions by state
- Categorization of states:
    1) No CSCs publicly posted
    2) CSC without inclusion of “Palliative”
    3) PC mentioned only re. ICU triage
    4) PC: general principles only
    5) Any actionable component of PC mentioned
        1) Use of Minnesota framework
- Mention of “hospice”

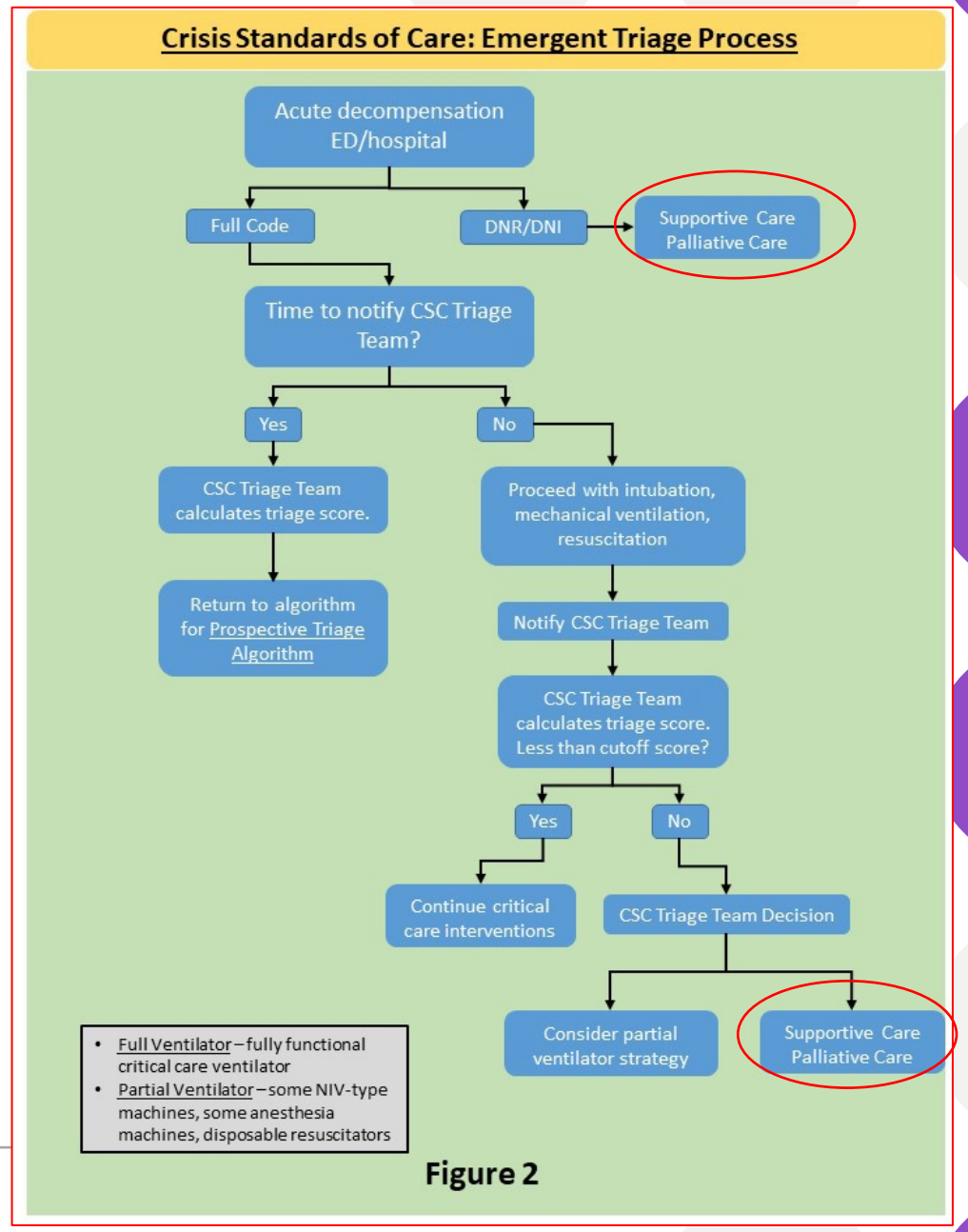

Figure 2

Results:

- 42 states with electronically available CSCs
  - 28 states with updates in 2020 or 2021
  - 23 mentioned “hospice”

Criteria	Number of States
No state-wide crisis standards of care (CSC)	9
CSC without PC included	7
PC mentioned only as alternative to ICU	7
General principles of PC only	8
Actionable components of PC in crisis mentioned	20

Conclusions

- Identification of crisis PC/H needs as part of CSCs occurs in less than half of state documents, even 20 months into this pandemic.
- Actionable plans to address increasing demand for these skills are an essential part of planning as this crisis continues to cause suffering for patients, families and the healthcare community.
- PC/H specialist skills need to be better integrated into pandemic planning.

Limitations

- Electronic search may miss some institution-based or regional public plans.
- States' CSC planning is evolving and could yet improve.
- Most plans appear to be aspirational; it is unclear how "ready" systems would be to mobilize.

Clinical Implications

- Without planning, important aspects of specialist palliative care services and needs of hospice patients will result in avoidable suffering for patients in a wide range of settings.

Next Directions

- Need to promote state and federal recognition and planning for PC/H.
- What are the key components of a public health response to deliver quality comfort-focused care in a disaster or pandemic?
  - Eliciting goals and preferences:
    - Educate public
    - Educate practitioners
  - Symptom management
  - Coordinated support for frontline across settings
  - Emotional and spiritual support

Lay Summary

- The WHO stated that palliative care is an ***"essential service"*** in the current COVID-19 pandemic.

- Without planning, many patients will ***suffer unnecessarily***, in the ICU, acute care hospitals, nursing homes and hospice. So far, planning is not adequate in much of the USA.

Addendum:

Staff	Support for new roles, comfort-focused care
	ACP conversation training for primary care staff
	Access for PC & hospice personnel for patient care at all sites
	Primary provider education in basic symptom management, GOC conversations
Stuff	Adequate PPE for all sites
	Essential medication inventory and distribution
	Access to hospice meds for home distribution
	Tools for virtual communication among patients/families/staff
Space	Inventory and develop care beds or alternate care sites appropriate for convalescence and EOL care
	Address site barriers to essential meds, visitation appropriate to comfort care
Support	Advance Care Planning initiative, virtual and in person
	Address regulatory barriers for ACP documentation remotely
	Specialty consult support through telehealth with infrastructure/call center
	Grieving and bereavement mechanisms